MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/936697

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51					/		
2		/					52							
3	/						53							
4							54							
5		2	X				55							
6	/						56							
7		①					57							
8			/				58							
9			/				59							
10			/				60							
11				/			61							
12				/			62							
13							63							
14			/				64							
15							65							
16							66							
17							67							
18			②				68							
19							69							
20			/				70							
21							71							
22							72							
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42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	3		3				TOTAL IND.							
TOTAL DEP.	5		10				TOTAL DEP.							
TOTAL CLAIMS	8		13				TOTAL CLAIMS							

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

U.S. DEPARTMENT OF COMMERCE
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